



**GULF COUNTY, FLORIDA
BUILDING DEPARTMENT**

1000 CECIL G. COSTIN, SR, BLVD., ROOM 305 * PORT ST. JOE, FLORIDA 32456 * PHONE (850) 229-8944 * FAX (850) 229-7873

ACCESSORY STRUCTURE PERMIT APPLICATION

DATE: _____

TYPE OF STRUCTURE(S):

POLE BARN: _____/SIZE _____ CARPORT: _____/SIZE _____

GARAGE: _____/SIZE _____ SHED: _____/SIZE _____

OTHER (EXPLAIN): _____/SIZE _____

PROPERTY OWNER'S NAME & PHONE #: _____

CONSTRUCTION ADDRESS: _____

PARCEL I.D. NUMBER: _____

CONTRACTOR'S NAME & PHONE #: _____

CONTRACTOR'S LICENSE NUMBER: _____

ITEMS REQUIRED FOR PERMITTING:

- (1) SITE PLAN SHOWING ALL EXISTING STRUCTURE(S)
- (2) PROPOSED STRUCTURE DISTANCE TO ALL PROPERTY LINES

NOTE: ITEMS **MUST** BE ATTACHED TO THIS APPLICATION WHEN SUBMITTING FOR A PERMIT.

"DECLARATION STATEMENT"

I DO HEREBY AGREE TO COMPLY WITH ALL LOCAL AND STATE REGULATIONS IN CONSTRUCTING THE ABOVE DESCRIBED STRUCTURE(S). UPON COMPLETION OF STRUCTURE(S) I WILL PROVIDE ANY DOCUMENTS REQUESTED BY THE GULF COUNTY BUILDING DEPARTMENT IN ORDER TO ASSURE COMPLIANCE.

PRINTED NAME: _____ SIGNATURE: _____

8/30/2010